

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019416

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

172 Primary Registration District No. 3034 Registrar's No. 41

STATE FILE NUMBER

VS 300
Rev. 4/59

10541

20541-

3

4 0

5 1

6

7 0

8 2

94201

10

11

1290-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

LA FAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

HIGGINSVILLE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LA FAYETTE

c. CITY

HIGGINSVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

208 W 22 ST

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN J. ALBERS

4. DATE OF DEATH

Month

Day

Year

MAY 27 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-25-1899

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CONCORDIA MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN ALBERS

13b. MOTHER'S MAIDEN NAME

DORA SCHARNHORST ERMGARD ALBERS

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ERMGARD ALBERS HIGGINSVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1957 to 5-27-62 and last saw him alive on 5-27-62

Death occurred at 10:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wilbur E. Fulkerson M.D.

22b. ADDRESS

Higginsville Mo.

22c. DATE SIGNED

5-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 29-1962

23c. NAME OF CEMETERY

HIGGINSVILLE CITY

23d. LOCATION (City, town, or county)

HIGGINSVILLE MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WIEGERS-RIEKHOFF HIGGINSVILLE MO June 6, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.